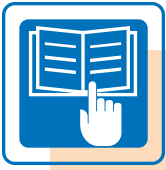


■ Ready to choose *your benefits?*

We can point you in the right direction.

Blue Access PPO/Blue Access HSA
Xavier University
Effective January 1, 2019



Let's take a look

We know picking a health plan is a big deal, so this guide makes it easier for you to understand your benefit options. We'll explain how the plans work and give you other important details. That way you can enroll with confidence!

In this guide, you'll find:

- Your health care basics
- How to use your health plan
- Your privacy and rights

Pay a visit to [anthem.com](https://www.anthem.com) to get an idea of what you can do once you're a member. Find a doctor, estimate care costs, sign up to get emails instead of mail and much more!



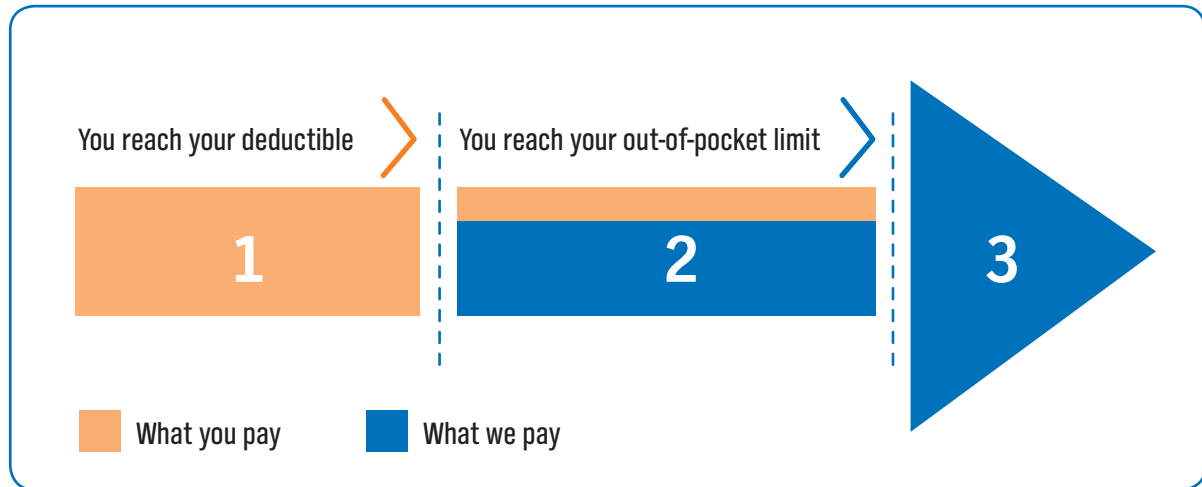
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Know your health care basics

Learn about the kinds of costs you'll share with your plan



This chart is only an example. Your actual cost share will depend on your plan, the service you get and the doctor you choose. For your actual cost share, see your plan details.

You pay your deductible.

This is a set amount that you pay before we start sharing in the cost of the covered health care you receive. If your plan has copays (flat fees like \$30 for each visit) along with a deductible, you only need to pay the copay for most doctor visits.

What happens after I pay my deductible?

You pay a copay or a percentage of the cost, also called coinsurance, each time you receive care for covered services, and then your plan covers the rest.

What's an out-of-pocket limit?

Each year, there's a maximum amount you can pay out of your own pocket for covered services — that's your out-of-pocket limit. Once you've reached that limit — it varies by plan — we cover the rest for covered services. If you visit doctors or hospitals that aren't in your plan, you'll still have out-of-pocket costs. With some plans, you still have copays even after you reach your out-of-pocket limit.

What about the money for the plan that gets taken out of my paycheck?

That's what you pay for the plan. Think of it like a membership fee. It's separate from what you pay when you get care.



Using your health plan

It's easy to get started with your plan and make the best of your benefits.



Use your ID card

Once your plan begins, access your mobile ID card on the **Anthem Anywhere app**. It's like your passport to care and you use it just like you would use a paper ID card. Simply show it when you go to your doctor's appointment.



Register to use online tools and resources

Register on the **Anthem Anywhere app** and **anthem.com** to get personalized information about your health plan.

Use the self-service tools to:

- Access benefit information.
- Find a doctor and receive personalized reminders.
- Estimate your costs, before you step into the doctor's office.
- Get support managing your health conditions and tracking health goals.



Preventive care is covered at no extra cost

Preventive care from a doctor in your plan is covered at 100%. Getting these regular checkups, screenings and shots can help you stay healthy and catch problems early - when they're easier to treat. So, talk to your doctor about what preventive care you may need to protect your health.



You're covered when you travel

When you're away from home and need care right away, you have access to care across the country. Plus, if you're going out of the country, you have access to care abroad through the Blue Cross Blue Shield Global Core program.



Save emergency room visits for emergencies only

Knowing where to go for care saves you time and money. So if you have a real emergency, head straight to the ER or call 911. Otherwise, visit your regular doctor or an urgent care center for minor medical issues.



We're here for you

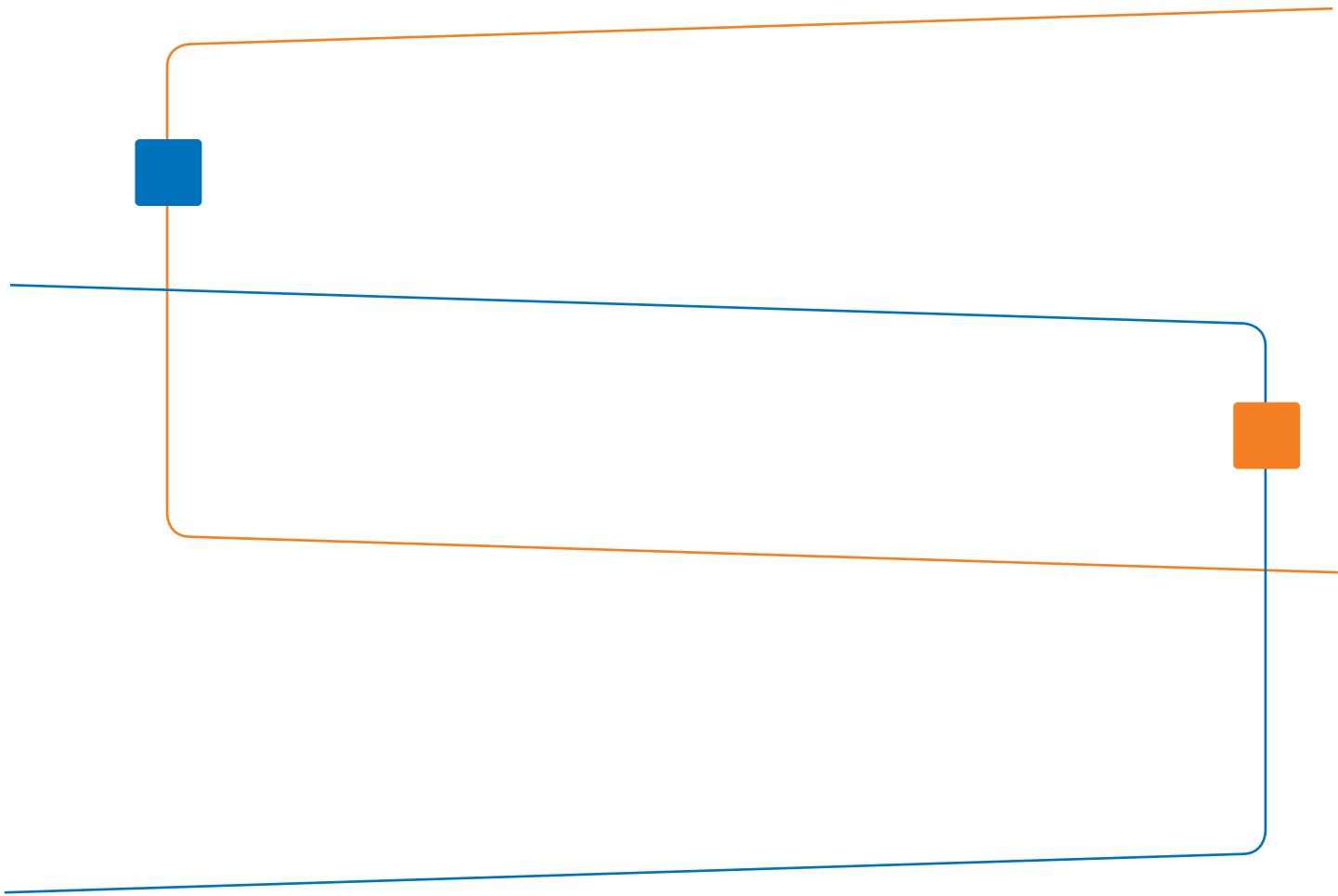
When you become a member, we make it easy for you to get your questions answered in the way that works best for you.

- **By phone:** Call the Member Services number on your mobile ID card.
- **Online:** Use the **Anthem Anywhere app** to chat with a team member.



Your plan details

In this next section, you'll find more information about your plan. 





Xavier University

Find out how your medications will be covered on your Anthem plan beginning January 1, 2019

Follow these steps to search for your prescriptions and find out how they will be covered on the prescription drug list through Anthem. If your current prescription is not covered on this drug list, please consult with your doctor to see if alternatives are available.

Step 1: <https://www11.anthem.com/ca/pharmacyinformation/>

Step 2: Select National Drug List 4-Tier

National Drug Lists

These lists may be for you if you get your health insurance plan from an employer or if you have certain grandfather number on your member ID card if you need assistance.

- [National Drug List Medication Alternatives \(3, 4 & 5 Tier plans\) | \(PDF\)](#)
- [National Drug List 3-Tier \(Searchable\) | National Drug List 3-Tier with 1a/1b \(Searchable\) | \(PDF\)](#)
- [National Drug List 4-Tier \(Searchable\) | National Drug List 4-Tier with 1a/1b \(Searchable\) | \(PDF\)](#)
- [National Drug List 5-Tier \(Searchable\) | National Drug List 5-Tier with 1a/1b \(Searchable\) | \(PDF\)](#)

- [National Drug List - Closed \(Searchable\) | \(PDF\)](#)

Step 3: Enter the name of your prescription in the search bar

Alphabetical Search

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Brand & Generic Name Search

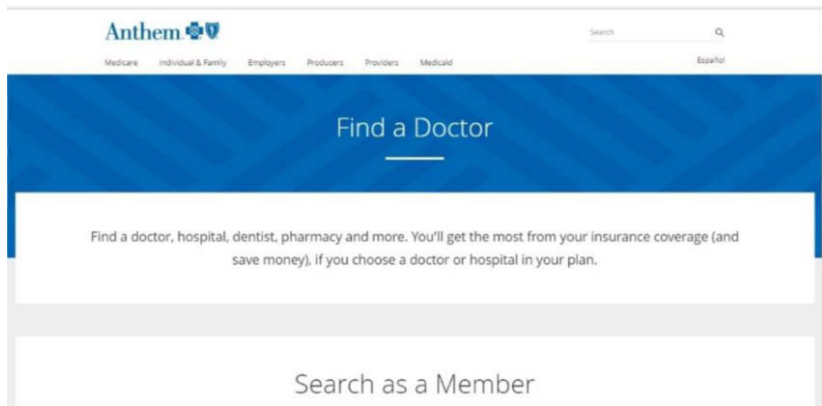
 



Do you want to check to make sure your provider is in-network with Anthem before the new year? Follow these easy steps to search for doctors that will be in your network! You can either search under the “Blue Access PPO” network or “Blue Card PPO” network. Both of these will include all of the Blue Card networks in the country.

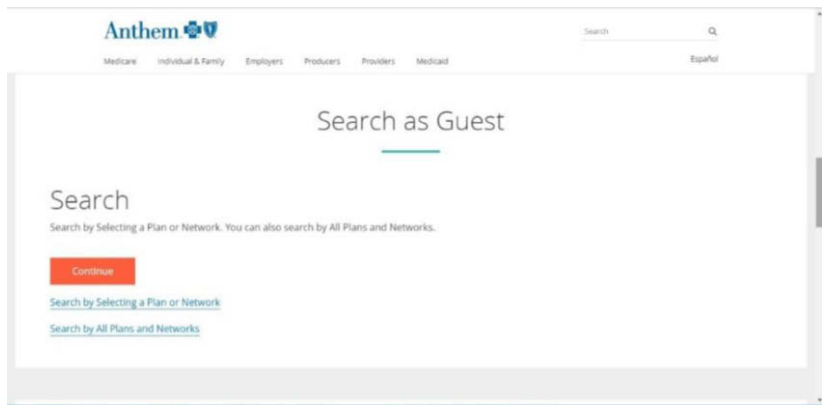
Step 1: Finding a Doctor

- ❖ Visit www.Anthem.com & Scroll down until you find "Find a Doctor". Click "Find a Doctor"



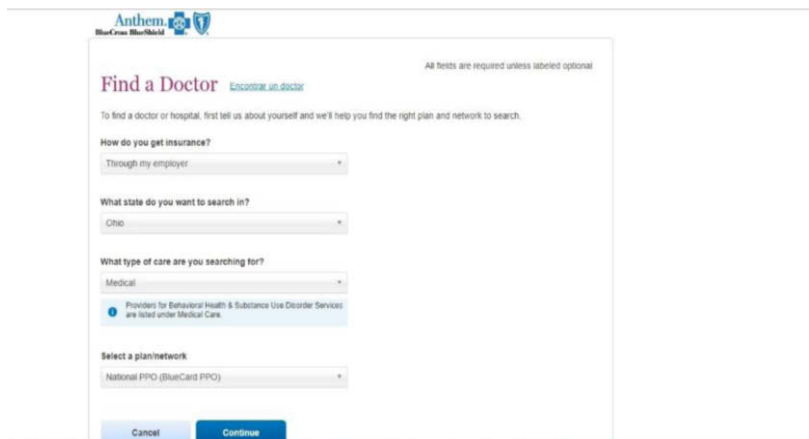
Step 2: Search as Guest

- ❖ Scroll down until you find "Search as Guest". Click the orange "Continue" button.



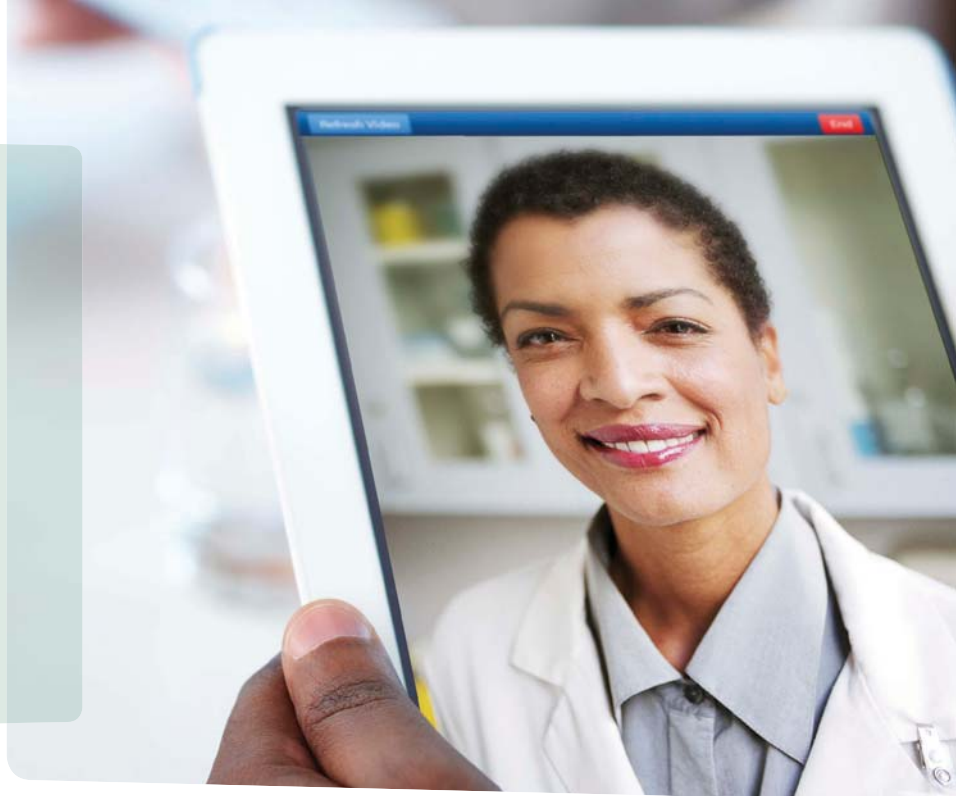
Step 3: Fill in your information

- ❖ Through my employer > Ohio > Medical > National PPO (BlueCard PPO) > Continue



LiveHealth Online

Quick and easy access
to a doctor 24/7



Have you ever been at work and didn't feel well? Maybe you had a fever or a sore throat but you didn't have time to leave and see your doctor or go to urgent care. Now, with LiveHealth Online, you can see a board-certified doctor in minutes.

Just use your smartphone, tablet or computer with a webcam. It's so convenient, almost 90% of people who've used it feel they saved two hours or more and would use it again in the future.¹ Plus, online visits using LiveHealth Online are already part of your Anthem Blue Cross and Blue Shield benefits. To start using LiveHealth Online, all you need to do is sign up at livehealthonline.com or download the app.

Sign up for free today and get:

- 1. 24/7 access to doctors.** They can assess your condition, provide treatment options and even send a prescription to the pharmacy of your choice, if needed.² It's a great way to get care when your doctor isn't available.
- 2. Medical care when you need it.** For things like the flu, a cold, sinus infection, pink eye, rashes, fever and more.
- 3. Convenience.** Since there are no appointments or long waits. In fact, most people are connected to a doctor in about 10 minutes or less.

Doctors using LiveHealth Online typically charge \$49 or less per visit, depending on your health plan.

LiveHealth Online Psychology

An easy, convenient way to see a therapist or psychologist in just a few days

If you're feeling stressed, worried, or having a tough time, you can talk to a licensed psychologist or therapist through video using LiveHealth Online Psychology. It's easy to use, private and, in most cases, you can see a therapist within four days or less.³ All you have to do is sign up at livehealthonline.com or download the app to get started. The cost is similar to what you'd pay for an office therapy visit.

Make your first appointment – when it's easy for you

- Use the app or go to livehealthonline.com and log in. Select **LiveHealth Online Psychology** and choose the therapist you'd like to see.
- Or, call LiveHealth Online at **1-844-784-8409** from 7 a.m. to 11 p.m.
- You'll get an email confirming your appointment.



LiveHealth Online: what you need to know

What kind of doctors can you see on LiveHealth Online?

Doctors on LiveHealth Online are:

- Board certified with an average of 15 years of practicing medicine
- Mainly primary care physicians
- Specially trained for online visits

When can you use LiveHealth Online?

LiveHealth Online is a great option for care when your own doctor isn't available and more convenient than a trip to the urgent care. With LiveHealth Online, you can receive medical care for things like:

- Cold and flu symptoms, such as a cough, fever and headaches
- Allergies
- Sinus infections and more

How do I pay for an online visit using LiveHealth Online?

LiveHealth Online accepts Visa, MasterCard and Discover cards as payment for an online doctor visit. Keep in mind that charges for prescriptions aren't included in the cost of your doctor visit.

LiveHealth Online Psychology

What conditions can be treated when you have a visit with a psychologist or therapist?

You can get help for these types of conditions:

- Stress
- Anxiety
- Depression
- Family or relationship issues
- Grief
- Panic attacks
- Stress from coping with a sickness



How much does a therapist visit cost?

The cost should be similar to what you'd pay for an office therapy visit, depending on your benefits, copay or coinsurance. You'll see what you owe before you start a visit and any cost is charged to your credit card. The cost is the same no matter when you have the visit — whether it's a weekday, the weekend, evening or a holiday.

How do I decide which therapist to see?

After you log in at livehealthonline.com or with the app, select **LiveHealth Online Psychology**. Next, you can read profiles of therapists and psychologists. Once you select the one you would like to see, schedule a visit online or by phone. At the end of the first visit, you can set up future visits with the same therapist if both of you feel it's needed. You always have the choice of the therapist you want to see.

What else do I need to know about LiveHealth Online Psychology?

- You must be at least 18 years old to see a therapist online and have your own LiveHealth Online account.
- Psychologists and therapists using LiveHealth Online do not prescribe medications.
- Visits usually last about 45 minutes.

Get started today

It's quick and easy to sign up for LiveHealth Online. Just go to livehealthonline.com or download the mobile app at [Google Play™](https://play.google.com/store/apps/details?id=com.livehealthonline) or the [App StoreSM](https://apps.apple.com/us/app/livehealth-online/id1450444444).



LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem Blue Cross and Blue Shield. Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

1 LiveHealth Online user feedback survey, May 2015.

2 Prescription availability is defined by physician judgment and state regulations. LiveHealth Online is available in most states and is expected to grow more in the near future. Please visit the map at livehealthonline.com for more details.

3 Appointments subject to availability of a therapist.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICESM Managed Care, Inc. (RIT), Healthy AllianceSM Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc.; HMO plans administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; Compare Health Services Insurance Corporation (Compare), which underwrites or administers the HMO policies; and Compare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



Skip the drugstore – have your medicine delivered to your home!

Why wait in line at the drugstore if you don't have to? If you take prescribed medicine on a regular basis, you can get up to a 90-day supply delivered to your door.¹ And depending on your plan, you may save on copays because the cost of a 90-day supply of many drugs is usually less than three 30-day refills. On average, members save up to 25% on their copay when they use home delivery.² Standard shipping is free, and you can even set up automatic refills.

Getting started with home delivery is easy:



1. Go online to get a prescription order form.

Visit anthem.com, choose **Manage Your Prescriptions** from the home page and log in with your username and password. If you haven't signed up on the site yet, you'll need to do that first.

On your personal pharmacy page, select **Start a New Prescription**.

That'll take you to the site of the company that helps manage our prescription benefits.³ There, you can download and print the **physician fax form** or, if you already have a new prescription for a 90-day supply of medicine from your doctor, download the home delivery mail form. You'll use one of these forms to send in your prescription.



2. Get a new prescription from your doctor for home delivery.

You'll need an up-to-90-day supply prescription. Your doctor can send in your prescription through eprescribe or fax it using the **physician fax form** from step 1.

Also ask your doctor for a 30-day prescription. Get this filled at your regular pharmacy to make sure you have enough medicine to last until you get your first home delivery prescription.

Need help?

Call the home delivery pharmacy at 1-866-216-5449 and we'll get you started.



3. Send in your prescription

Fill out the home delivery order form and mail it to the address on the form. Be sure to include prescription and payment information along with it.

or

Your doctor can fill out the physician fax form and fax or efax it to the number on the form.



4. Pay for your prescription.

You can pay by check, echeck, money order, credit or debit card, flexible spending account or health savings account.

You can sign up for e-payments or have your credit card on file online. To set up your payments, go to anthem.com, choose **Manage Your Prescriptions** from the home page and log in. Then, select **Start a New Prescription**. Once you're on our prescription benefit manager's site, select **My Account** to choose how you'd like to pay.

If you want to use our Home Delivery Pharmacy and are enrolled in a program that helps you with your copay or if you use manufacturer coupons to help pay for prescriptions, you'll need to give the program or manufacturer detailed claim information and a receipt to get paid back. The company that manages our prescription benefits can't bill us or these third parties for prescriptions you fill through home delivery.

A few important things to know

- If your doctor prescribes a brand-name drug, your pharmacy plan may require the home delivery pharmacy to send a generic version instead.
- All prescriptions and refills, including those sent by your doctor, will be filled as soon as the home delivery pharmacy gets them.
- In most cases, your first order will arrive within two weeks after the home delivery pharmacy gets it. After that, the orders will arrive within one week.
- If you need your medicine sooner, you can call the home delivery pharmacy and ask for overnight delivery. It will still take 3 to 5 days to process the order, plus the shipping time. You'll be charged extra for the faster shipping.
- Your orders will be delivered by the U.S. Postal Service, UPS or FedEx.
- With some drugs, you may need to sign to accept delivery.⁴

¹ Supplies are based on your pharmacy plan design.

² Express Scripts internal data, 2017.

³ Express Scripts is a separate company that manages pharmacy services for our health plan members.

⁴ Drugs that are defined as controlled substances are highly regulated, which requires the home delivery pharmacy to follow special rules for filling these prescriptions.

Choose an easier way to better health

Health and wellness programs designed for your unique needs

Whether you're suffering from asthma, expecting a baby or just fighting a cold, our health and wellness programs can help.



ConditionCare

If you have asthma, diabetes, chronic obstructive pulmonary disease (COPD), heart disease or heart failure, ConditionCare can give you the tools and resources you need to take charge of your health. You'll get:

- 24/7, toll-free phone access to nurses who can answer health questions.
- Support from nurse care managers, dietitians and other health care professionals to help you reach your health goals.
- Educational guides, electronic newsletters and tools to help you learn more about your condition(s).



Future Moms

Having a baby is an exciting time! Future Moms can help you have a healthy pregnancy and a healthy baby. Sign up as soon as you know you're pregnant. You'll get:

- A nurse specializing in obstetrics who can answer your questions, 24/7, and will call to check on your progress.
- The *Mayo Clinic Guide to a Healthy Pregnancy*, which explains the changes your body and baby are going through.
- A screening to check your health risks.
- Resources to help you make healthier decisions during pregnancy.
- Free phone access to pharmacists, nutritionists and other specialists, if needed.
- Other helpful information on labor and delivery, including options and how to prepare.



24/7 NurseLine

Whether it's 3 a.m. or a lazy Sunday afternoon, you can talk to a registered nurse any time of the day or night.

These nurses can:

- Answer questions about health concerns.
- Help you decide where to go for care when your doctor isn't available.
- Help you find providers and specialists in your area.
- Enroll you and your dependents in health management programs.
- Remind you about scheduling important screenings, exams and checkups.

Get the support you need

Call us to sign up and use these programs at no extra cost:

- ConditionCare: 866-962-1071
- Future Moms: 800-828-5891
- 24/7 NurseLine: 800-337-4770





Enhanced Personal Health Care

Helping your doctor help you

Enhanced Personal Health Care is our approach to patient-centered care. It helps doctors do what they do best — take care of their patients. And it helps you get the right level of care, from the right kind of health care provider, at the right time. All of that helps you live a better, healthier life.

It's about your health, your way. And you can count on your primary care doctor (PCP) to be there for you at every step.

How does Enhanced Personal Health Care work?

We help the doctors who are part of Enhanced Personal Health Care treat you as a whole person — not as a sore throat or a backache.

We do this by giving your doctor tools and information to help you make the best decisions for your health care together. And we encourage your doctor to be available by phone or email, so you don't need an office visit when you just want to ask a quick question. If you do need to see a doctor, you may be able to see one when it's best for you — early mornings, evenings or weekends.

This is the kind of approach to care that a lot of the PCPs in our networks give.

Want to find an Enhanced Personal Health Care primary care doctor?

Go to anthem.com and select **Find a Doctor**. Pick a state and a plan/network, and choose **Select and Continue**. Enter your location and search distance. Be sure to select the boxes for **Able to serve as primary care physician (PCP)** and **Enhanced Personal Health Care** under *Show more options*. Choose **Search**.

Why do you need a PCP?

Simple. A PCP helps you get and stay healthy. This doctor is your health champion.

Whether you go to your doctor rarely or often, you should find a PCP you like and trust. Your PCP will be there for you whenever you need care, focusing on your “whole” health — not just your symptoms. This doctor knows you well, understands how you want to get care and will work with other health care providers when you need more care. Your PCP will also focus on preventive care and wellness to keep you healthy.

Who is a PCP?

There are different kinds of PCPs:

- *Family practitioners* work with people of all ages and give a wide range of care.
- *Pediatricians* treat children.
- *Internists* give general and preventive care, mostly for adults. They also may have special knowledge about specific health problems.
- *An obstetrician or gynecologist* treats women, especially those who want or are having kids.
- *Nurse practitioners* and *physician assistants* aren't doctors, but they've had lots of training. They can do many of the same things that doctors do.



How should you choose a PCP?

There are lots of things to think about. What works for one person might not work for you. It's a personal decision based on what matters most to you. Think about things like:

- Do you want a doctor who's close to home or work?
- Are weekend and evening hours important to you?
- Will your doctor contact you when you are due for checkups or tests?
- Does your doctor call you back quickly?
- Do you want a doctor whose style is friendly and warm or more formal?
- What do other medical professionals and patients say about the doctor and the office staff?
- Will your doctor support your active involvement in your health care?
- Will your doctor be your partner in your health care needs?

It all depends on what qualities you want in a doctor and the kind of relationship you desire.

If you want a doctor who wants you to be actively involved in your health care and who will become your guide and supporter, you may want to choose an Enhanced Personal Health Care PCP.

An Enhanced Personal Health Care PCP:

- **Gives you care that doesn't just treat an illness; it also helps prevent it.** Your PCP wants you to get healthy and stay that way. And that includes making sure there are no gaps in your care. Things like, did you get the treatment you were supposed to have? Do you need your yearly exam? Are you overdue to have your eye exam?
- **Gives you personalized care that helps you get the care you need.** Your PCP helps set up any appointments with specialists and follows up with those doctors to make sure you get the care that's right for you.
- **Is a real partner in your health.** Your PCP wants to get to know you and answer your questions. We provide support and resources to help with that.
- **Offers lots of ways you can get care.** There's more to your care than an office visit. You may be able to use online access for Web visits or see your doctor during extended office hours.

Enhanced Personal Health Care won't work without you

Even though Enhanced Personal Health Care PCPs are partners in your health, you won't be able to reach your health goals without doing your part. There's no paperwork and you don't have to sign up to get Enhanced Personal Health Care. All you have to do is be involved in your care. Here's how you can help:

- Learn about any health condition you have and what you can do to get and stay as healthy as possible.
- Follow the care plan that you and your doctor create.
- Bring any questions you have to each visit. Also, bring a list of any medicines, vitamins or treatments you use.
- Ask your doctor to explain anything you don't understand.
- Tell your doctor when you get care from other health professionals. That way, your doctor can work with them for the best care possible.
- Let your doctor know what you liked and didn't like about your care. That will help your doctor work on making it even better.

What does all of this mean for you?

It means we're cooperating with doctors to make it easier to get the care you need where and when you need it. With Enhanced Personal Health Care, we pay doctors for quality of care, not just for the number of patients they see. That means they can take more time to listen to you. And that helps you not feel as rushed – whether it's in the office, after hours, on the weekends or maybe even on the Web. And we're not just saying that; Enhanced Personal Health Care doctors have committed to it.

* Not all members can choose a PCP at this time. We're working to expand this capability and hope to have it available for all members by 2016.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Anthem's cancer resources

Support throughout your health care journey with cancer

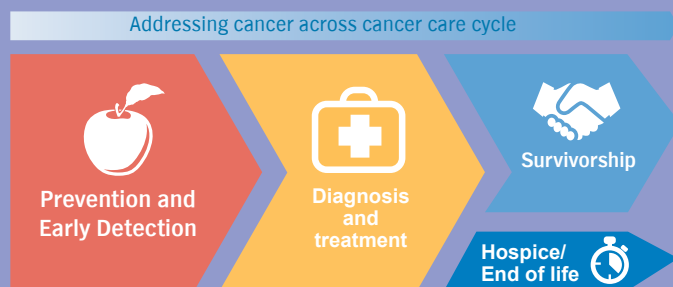
Wondering what you can do to prevent cancer? Have you or someone you love been told you have cancer? A cancer diagnosis can be scary. It can create confusion and disrupt your life and the lives of your loved ones. You may have questions such as:

- What treatment do I need?
- Who provides the right treatment?
- What will my life be like having cancer?
- When will I feel better?

That's why we're here to partner with you to support cancer prevention or through your cancer journey by offering helpful resources and services. As a member you have access to a large network of providers and centers specializing in cancer treatment.

How can I find cancer resources and programs?

For more information about Anthem's cancer resources, go to anthem.com. Select the Health and Wellness tab on the top of the webpage. Here you'll find information on prevention and wellness topics including:



Prevention, screenings, vaccines and wellness – Diet, lifestyle and prevention are important to promote optimal health. Cancer prevention screenings are important, which is why we cover a variety of cancer screenings.

Diagnosis and treatment – For those who have been told they have cancer or going through cancer treatment, we offer programs including: Case Management, Employee Assistance (if available) and the Help for Caregivers online resource.

Case management services

Case management gives you access to a licensed health professional who offers support, education and resources from diagnosis through treatment and recovery. Your policy has a benefit for case management services. Case management is provided by a licensed health professional, often an RN, who can help you and your family:

- Understand how your benefits will support treatment and medications.
- Understand what questions to ask and how to best work with your doctor.
- Know what to expect during the treatment and post-treatment process.
- Navigate the insurance system, as needed.
- Identify resources and support where you live.

Post-treatment – While most members move through their cancer treatment and into a cancer-free life, sometimes they must deal with end-of-life issues. We can help with both of these paths. Our services include Journey Forward, a program designed to improve the long-term health of cancer survivors. We also provide hospice benefits and end-of-life care for members facing a terminal illness.

Contact us today if you are interested in Case Management services. You can use the customer service e-mail through your registered account at anthem.com, call the customer service number on the back your ID card or we may contact you.

Having cancer doesn't mean you're on your own.
We're here to support you and your health.





Know where to go for care, before you need it



Knowing where to go if you get sick or hurt can save you lots of time and money, and help you get the best medical care. How do you choose where to go when the unexpected happens?

The emergency room (ER) shouldn't be your first stop – unless there's a true emergency.

Go to the nearest emergency room or call **911** if:

- There is a lot of pain or bleeding.
- You think a bone is broken.
- You are having trouble breathing.
- You think the problem might get a lot worse if you don't get help right away.
- You think the problem could kill you.
- There was no warning before your symptoms started.

If you need help but it isn't an emergency, here are your options:

- **Call your doctor.** He or she can help you decide whether you should go to an urgent care or come into the office.
- **Call 24/7 NurseLine.** A registered nurse will help you decide what to do.
- **Go to a retail health clinic.** These are small offices in drug stores or other large stores. They are open on weekends, evenings and most holidays. If the clinic can't help you, they'll tell you where to go next and you won't have to pay.
- **Go to an urgent care center.** Urgent care is for when you need to be treated right away, but your problem isn't serious. These centers are typically open late at night, and on weekends and holidays.
- **Visit a doctor using LiveHealth Online.** Board-certified doctors are available 24/7 to see you via video using your computer or mobile device. Use LiveHealth Online for common health issues like the cold, a flu, allergies and pink eye.



Not sure what to do? Call your doctor.

He or she can help you find the best place to get care.



LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Company (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.



When do I need emergency or urgent care?

While urgent and emergency situations are both serious, urgent care is for problems that need attention right away, but are not severe or life-threatening.

You should go to urgent care for things like an earache, sore throat, rash, sprained ankle, flu or a fever up to 104°. A higher fever might be an emergency.

Am I covered for emergency care?

Most health plans cover medical care at an ER for situations like the ones listed on the other side. But you may be responsible for the ER costs if you visit an ER when it's not an emergency.

Am I covered for urgent care?

Urgent care is usually covered if it's provided in a non-ER setting by a provider in the network. If you need urgent care and your doctor can't see you right away, use your best judgment to decide what to do.

To find a doctor, retail health clinic or urgent care center in your plan, go to **anthem.com**, select **Find a Doctor** and follow the instructions to find health professionals near you.

Questions?

We are here to help, so give us a call at the Member Services number on your ID card. You can also log in to **anthem.com** for a closer look at your benefits.



Your doctor can help you find the best place to get care. He or she can help you decide whether you should come into the office, go to the ER, or schedule an appointment to see a specialist.



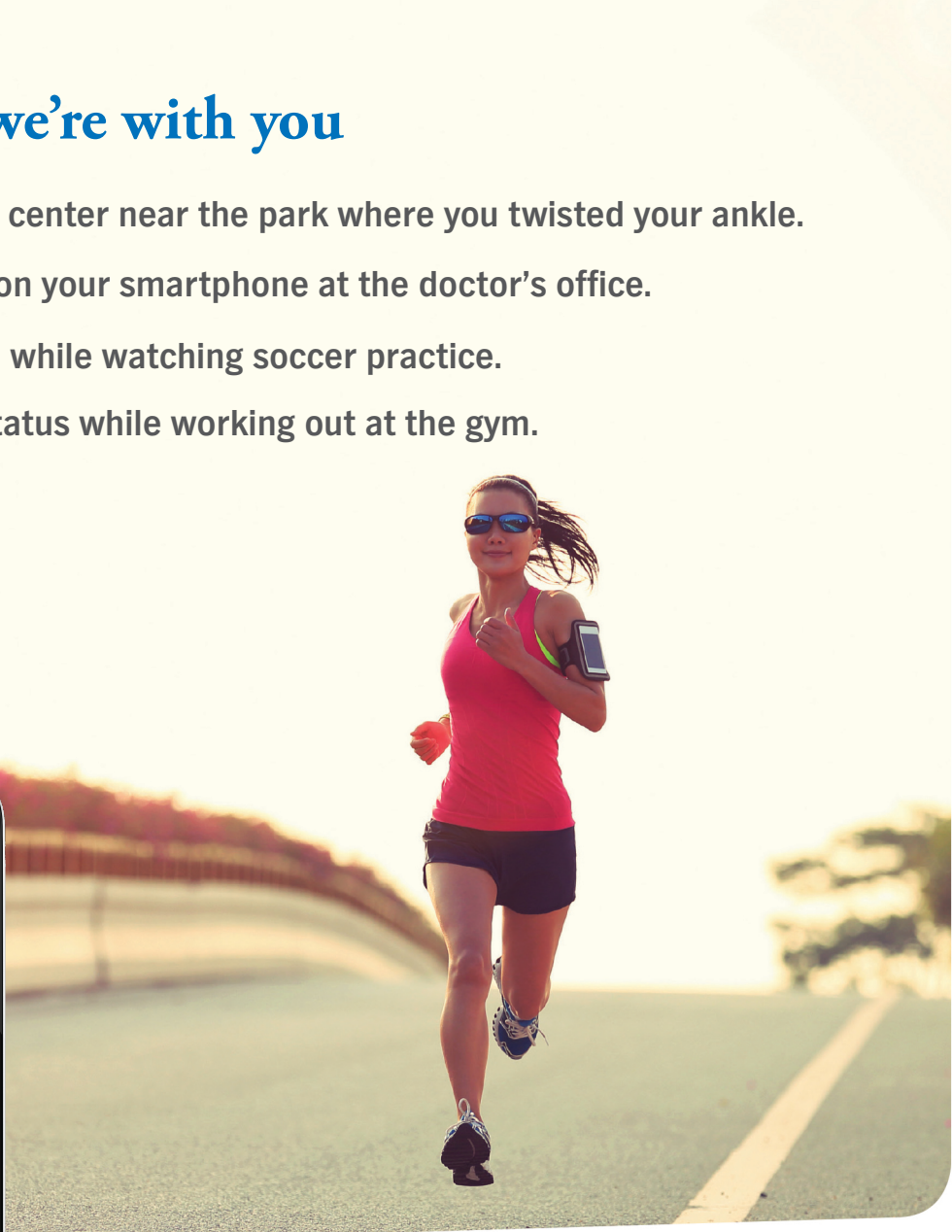
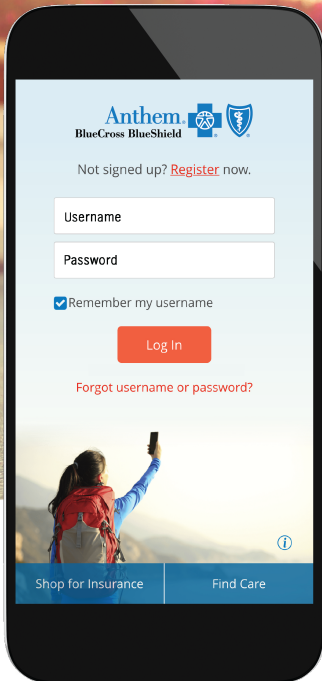
On the go, we're with you

Find an urgent care center near the park where you twisted your ankle.

Share your ID card on your smartphone at the doctor's office.

Refill a prescription while watching soccer practice.

Check your claim status while working out at the gym.



Download the Anthem Anywhere app today.

Together we can make healthy happen.



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Your Summary of Benefits



Xavier University
Anthem Blue Access PPO for Health Savings Accounts with National Rx Formulary
Effective 1/1/2019

Covered Benefits	Network	Non-Network
Deductible Embedded The single deductible applies to the Family deductible. Once the single deductible has been satisfied, benefits for that member are payable subject to coinsurance. Once the family deductible has been satisfied, benefits for the family are payable subject to coinsurance.	Single: \$3,000 Family: \$6,000	Single: \$3,000 Family: \$6,000
Out-of-Pocket Limit	Single: \$3,000 Family: \$6,000	Single: \$6,000 Family: \$12,000
Physician Home and Office Services <ul style="list-style-type: none"> Including Office Surgeries, allergy serum, allergy injections and allergy testing 	0%	30%
Preventive Care Services <ul style="list-style-type: none"> Services included but not limited to: Routine medical exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening. 	No cost share	30%
Emergency and Urgent Care <ul style="list-style-type: none"> Emergency Room Services @ Hospital (facility/other covered services) (copayment waived if admitted) Urgent Care Center Services 	0%	0%
Inpatient and Outpatient Professional Services Include but are not limited to: <ul style="list-style-type: none"> Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams 	0%	30%
Inpatient Facility Services (Network/Non-Network combined) Unlimited days except for: <ul style="list-style-type: none"> 60 days for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) 90 days for skilled nursing facility 	0%	30%
Outpatient Surgery Hospital/Alternative Care Facility <ul style="list-style-type: none"> Surgery and administration of general anesthesia 	0%	30%

Your Summary of Benefits

Covered Benefits	Network	Non-Network
Other Outpatient Services including but not limited to: <ul style="list-style-type: none"> • Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services. • Home Care Services 90 visits excludes IV Therapy) (Network/Non-Network combined) • Durable Medical Equipment • Physical Medicine Therapy Day Rehabilitation programs • Hospice Care • Ambulance Services 	0% 0% 0% 0%	30% 30% 0% 0%
Accidental Dental Services	0%	30%
Outpatient Therapy Services (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> • Physician Home and Office Visits • Other Outpatient Services @ Hospital/Alternative Care Facility Physical Medicine Therapy Limits, Outpatient Therapy (excludes Autism Spectrum Disorder)- (Network and Non network combined): <ul style="list-style-type: none"> • Cardiac Rehabilitation Unlimited • Pulmonary Rehabilitation Unlimited • Physical Therapy: 20 visits • Occupational Therapy: 20 visits • Manipulation Therapy: 12 visits • Speech Therapy: 20 visits 	0% 0%	30% 30%
Behavioral Health Services: Mental Illness and Substance Abuse¹ <ul style="list-style-type: none"> • Physician Home and Office Visits • Other Outpatient Services @ Hospital/Alternative Care Facility 	Benefits provided in accordance with Federal Mental Health Parity	30%
Human Organ and Tissue Transplants <ul style="list-style-type: none"> • Acquisition and transplant procedures, harvest and storage. 	0%	30%

Your Summary of Benefits

Covered Benefits	Network	Non-Network
<p>Prescription Drugs Anthem National Drug List</p> <ul style="list-style-type: none"> • Network Retail Pharmacies: (30-day supply) Includes diabetic test strip • Home Delivery Service: (90-day supply) Includes diabetic test strip <p>Member may be responsible for additional cost when not selecting the available generic drug.</p> <p>Members have additional cost with retail supply greater than 30 days.</p> <p>Specialty medications are limited up to a 30 day supply regardless of whether they are retail or mail service</p>	<p>0%</p> <p>0%</p>	<p>30% ²</p> <p>Not covered</p>
Medicare Rx - Wrap		

Notes:

- All medical and drug cost shares, deductibles and percentage (%) coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).
- Deductible(s) apply to covered services listed with a percentage (%) coinsurance, including 0%.
- Deductible applies to all prescription drug expenses for Rx plans. Once the deductible is met the appropriate copayment/ coinsurance applies. Copayments/coinsurance accumulate to the Medical OOP max. Once the Medical OOP max is met, no additional costshare applies.
- Network and Non-network deductibles are not separate and do accumulate toward each other. Network and Non-network copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent Age: to end of the month which the child attains age 26
- 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- No Cost Share (NCS): No deductible/copayment/coinsurance up to the maximum allowable amount.
- Ambulance Non-network non-emergency use limited to \$50,000 per benefit period.
- Live Health Online (LHO) is covered at the PCP costshare.
- Benefit period = calendar year
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.
- Private Duty Nursing – limited to 82 visits/Calendar Year. Applies to all plans.
- Wigs limited to 1 per benefit period (\$500 maximum per benefit period)

1 We encourage you to review the Schedule of Benefits for limitations.

2 Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

Precertification:

Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.

Pre-existing Exclusion Period: none

Your Summary of Benefits



**Xavier University
Anthem Blue Access® PPO with National Rx Formulary
Effective 1/1/2019**

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	\$750/\$1,500	\$1,500/\$3,000
Out-of-Pocket Limit (Single/Family)	\$2,000/\$4,000	\$4,000/\$8,000
Physician Home and Office Services (PCP/SCP) Primary Care Physician (PCP)/ Specialty Care Physician (SCP) Including Office Surgeries and allergy serum: <ul style="list-style-type: none"> allergy injections (PCP and SCP) allergy testing MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds and pharmaceutical products 	\$20/\$40 \$5 20% 20%	40% 40% 40% 40%
Preventive Care Services <ul style="list-style-type: none"> Services included but not limited to: Routine medical exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening. 	No cost share	40%
Emergency and Urgent Care Emergency Room Services <ul style="list-style-type: none"> facility/other covered services (copayment waived if admitted) Urgent Care Center Services <ul style="list-style-type: none"> MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, Non-maternity related Ultrasounds and pharmaceutical products Allergy injections Allergy testing 	\$150 20% \$35 20% \$5 20%	\$150 40% 40% 40%
Inpatient and Outpatient Professional Services Include but are not limited to: <ul style="list-style-type: none"> Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams 	20%	40%
Inpatient Facility Services (Network/Non-Network combined) Unlimited days except for: <ul style="list-style-type: none"> 60 days for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) 90 days for skilled nursing facility 	20%	40%

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Your Summary of Benefits

Covered Benefits	Network	Non-Network
Outpatient Surgery Hospital/Alternative Care Facility <ul style="list-style-type: none"> Surgery and administration of general anesthesia 	20%	40%
Other Outpatient Services including but not limited to: <ul style="list-style-type: none"> Non Surgical Outpatient Services for example: MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services. Home Care Services 90 visits (excludes IV Therapy) (Network/Non-Network combined) Durable Medical Equipment Physical Medicine Therapy Day Rehabilitation programs Hospice Care Ambulance Services 	20% 20%	40% 20%
Outpatient Therapy Services (Combined Network & Non-Network limits) <ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) Other Outpatient Services @ Hospital/Alternative Care Facility Physical Medicine Therapy Limits, Outpatient Therapy (excludes Autism Spectrum Disorder)- (Network and Non-network combined): <ul style="list-style-type: none"> Cardiac Rehabilitation Unlimited Pulmonary Rehabilitation Unlimited Physical Therapy: 20 visits Occupational Therapy: 20 visits Manipulation Therapy: 12 visits Speech therapy: 20 visits 	\$20/\$40 20%	40% 40%
Accidental Dental:	Copayments/Coinsurance based on setting where covered services are received	40%
Behavioral Health: Mental Illness and Substance Abuse² <ul style="list-style-type: none"> Inpatient Facility Services Physician Home and Office Visits (PCP/SCP) Other Outpatient Services. Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional 	20% \$20 20%	40%
Human Organ and Tissue Transplants³ <ul style="list-style-type: none"> Acquisition and transplant procedures, harvest and storage. 	20%	40%

Your Summary of Benefits

Covered Benefits	Network	Non-Network
<p>Prescription Drugs Anthem National Drug List</p> <p>Network Tier structure equals 1/2/3 (and 4, if applicable)</p> <ul style="list-style-type: none"> Network Retail Pharmacies: (30-day supply) Includes diabetic test strip Home Delivery Service: (90-day supply) Includes diabetic test strip <p>Member may be responsible for additional cost when not selecting the available generic drug.</p> <p>Members have additional cost with retail supply greater than 30 days.</p> <p>Medicare Rx - Wrap</p> <p>Specialty Medications are limited up to a 30 day supply regardless of whether they are retail or mail service.</p>	<p>\$15/\$40/\$60/25% max \$250</p> <p>\$30/\$100/\$150/25% max \$250</p> <p>Separate Rx Out of Pocket Max Single \$2,500 Family \$5000</p>	<p>50% ⁵</p> <p>Not covered</p>

Notes:

- All medical deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services. Pharmacy co-pays or co-insurance accumulate toward a separate Pharmacy out of pocket maximum.
- Deductible(s) apply to covered medical services listed with a percentage (%) coinsurance, including 0%. However, the deductible does not apply to Emergency Room Services where a copayment & (%) coinsurance applies and may not apply to some Behavioral Health services where coinsurance applies
- Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent Age: to end of the month which the child attains age 26
- Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYNs and Geriatrics or any other Network Provider as allowed by the plan.
- When allergy injections are rendered with a Physicians Home and Office Visit, only the Office Visit cost share applies. When the Office Visit cost share is a % coinsurance, deductible and coinsurance apply to allergy injections
- Ambulance Non-network non-emergency use limited to \$50,000 per benefit period.
- No cost share (NCS) means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
- SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.
- Live Health Online (LHO) is covered at the PCP costshare.
- Certain diabetic and asthmatic supplies, except diabetic test strips, have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies.
- Benefit period = calendar year
- Diagnostic mammograms are not subject to Copayments / Coinsurance in Network office and outpatient facility settings. Routine mammograms are paid as Preventive Care services
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.
- Private Duty Nursing – limited to 82 visits/Calendar Year.

² We encourage you to review the Schedule of Benefits for limitations.

³ Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.

⁵ Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

Precertification:

Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.

Pre-existing Exclusion Period: none



Let's talk about your privacy and rights

Safeguarding your information

As a member, you have the right to expect us to protect the privacy of your personal health information. We do this according to state and federal laws, and our policies. You also have certain rights and responsibilities when receiving your health care.

To learn more about how we protect your privacy, your rights and responsibilities when receiving health care and your rights under the Women's Health and Cancer Rights Act, go to [anthem.com/memberrights](https://www.anthem.com/memberrights). To ask for a printed copy, please contact your Benefits Administrator or Human Resources representative.

How we help manage your care

To decide if we'll cover a treatment, procedure or hospital stay, we use a process called Utilization Management (UM). Doctors and pharmacists who want to be sure you get the best treatments for certain health conditions make up Anthem's UM team. They review the information your doctor sends us. These reviews can be done before, during or after your treatment. We also use case managers. They're licensed health care professionals who work with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

To learn more detailed information about how we help manage your care, visit [anthem.com/memberrights](https://www.anthem.com/memberrights). To request a printed copy, please contact your Benefits Administrator or Human Resources representative.

Special Enrollment Rights

Open enrollment usually happens once a year. That's the time you can enroll in a plan or make changes to it. If you choose not to enroll yourself or dependents during open enrollment, there are special cases when you're allowed to enroll yourself and dependents in a plan during other times of the year. Special enrollment is allowed:

- **If you had another health plan that was canceled.** If you, your dependents or your spouse are no longer eligible for other coverage (or if the employer stops contributing to your health plan), you may be able to enroll with us. You must enroll within 31 days after the other coverage ends (or after the employer stops paying for it). For example: You

and your family are enrolled through your spouse's coverage at work. Your spouse's employer stops paying for health coverage. In this case, you and your spouse, as well as other dependents, may be able to enroll in one of our plans.

- **If you have a new dependent.** You gain new dependents from a life event like marriage, birth, adoption or if you have custody of a minor and an adoption is pending. You must enroll within 31 days after the event. For example: If you got married, your new spouse and any new children may be able to enroll in a plan.
- **If your eligibility for Medicaid or SCHIP changes.** You have a special period of 60 days to enroll after:
 - You (or your eligible dependents) lose Medicaid or SCHIP coverage because you're no longer eligible.
 - You (or eligible dependents) become eligible to get help from Medicaid or SCHIP for paying part of the cost.



We've got your back!



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